



Group of Microcephalic Children

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ORIGINAL ARTICLES.

NOTES ON THE FAMILY HISTORY OF FIVE

MICROCEPHALIC CHILDREN

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THE hereditary influences supply factors of extreme importance in the etiology of microcephalic as well as other forms of idiocy is of course well recognized and in presenting the following history nothing more is intended than to place on record an additional case, feeling that we cannot have too much evidence along this line to place forcibly before the people, and especially our Legislators, the necessity of making ample provision for the segregation of defectives to prevent the procreation of unfit children.

The case I desire to report is that of a family in which there are five microcephalic children each with a head circumference of less than sixteen inches with the narrow and receding forehead, pointed vertex and flat occiput of the typical microcephalic.

These children are the great-grandchildren of a female imbecile who lived in a village in Western Pennsylvania in the early part of the present century and whom, for convenience, we will call Lucy X. It is a matter of record that this woman gave birth to four feeble-minded girls. These girls grew up in ignorance, were allowed to roam the neighboring country without restraint, becoming irresponsible victims of lust, giving birth to fourteen children, the majority of whom were illegitimate. One of these illegitimate children is the father of the five microcephalics under consideration.

Unfortunately I have been unable to obtain any definite history of the mother of these children, though there is reason to believe that she also is a descendant of Lucy X. The only definite knowledge in my possession in regard to the mother is that she is feeble in both mind and body. A neighbor makes the following statement in regard to the father; He has a defective brain. He is a good enough fellow and a good worker, but seems deficient in moral perception, is very ignorant, cannot read or write, and seems un-

able to distinguish between truth and falsehood."

As to the five microcephalic children: The oldest is a boy of thirteen years, a microcephalic with epilepsy and spastic paralysis, unable to walk or feed himself, apparently devoid of the sense of taste, but with a ravenous appetite, of untidy habits and, withal, of remarkably good bodily health. The second, a boy of nine years, is an idiot of strong physique, with destructive tendencies, smashes everything breakable within reach, has to be carefully watched lest he inflict injury on the other children and, when corrected, will savagely endeavor to bite. He is completely devoid of fear, strives to catch every passing horse by the tail; in consequence, when at home, he was kept tied hand and foot the greater part of the time. The third, a girl of seven years, is the most intellectual member of the family. She can say the one word "mama:" all the other members being without the power of speech. She recognizes her nurse, for whom she shows a feeling of affection. The fourth, a boy of five years, is able to walk, but seems totally devoid of intelligence. The fifth is a mere babe and is also microcephalic.

The offspring of Lucy X. of whom there are probably more than one hundred, so far as known are defective. Many are to be found in Institutions for Delinquents and Defectives. The five children whose case is given by no means represent all the members of this family in our Institution.

The inference to be drawn from this history is very plain. Had Lucy X. been placed in a suitable institution where she could have been a helpful member and have passed a happy existence, at last passing away without issue, society would have been relieved of a tremendous burden and the State from the expenditure of a sum beyond computation, which it has spent and will be compelled to spend for the maintenance of her miserable progeny.

REPORT OF THREE CASES OF HYSTERO-EPILEPSY

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Presenting a report of several cases of Hystero-Epilepsy, I will give as an excuse the frequent hysterical manifestations among our high grade imbeciles, usually in females, although the males are by no means exempt. In one case the condition was diagnosed as true epilepsy, and the patient subjected to an operation. The case that I have referred to was a typical case of the major form of hysteria or hystero-epilepsy. These cases, according to American authors, are rare in this country. The name hystero-epilepsy should not be used when speaking of the major form of hysteria, as it is liable to convey to many the idea that this disease is in some way related to epilepsy, and although the pathology is obscure in both cases, the final outcome of the two is so different that it seems as though we should lay more stress on the differential diagnosis. The temperature is not always a true indication for we have many degrees of hysterical pyrexia that are likely to be misleading, nor do we always have a perceptible elevation of

temperature in true epilepsy. You have seen hysterical patients subject themselves to various degrees of pain without any manifestations of discomfort and they do not always fall in places or positions to avoid injury. The duration of the attacks may not be prolonged beyond the average epileptic convulsion. And Kirchhoff speaks of patients having hundreds of attacks in rapid succession, a condition called Status-Hystericus.

CASE. 1.

C. A. Female, aged twenty years, single. Was admitted to the State Institution for Feeble-Minded, Jan. 30th, 1901.

Family History—Father addicted to the excessive use of alcoholic stimulants. Mother, neurotic and one sister suffered with some nervous trouble of which I was unable to ascertain the exact nature. The patient was the youngest child of the family, consisting of three girls and one boy. The patient states that they did not live happily, and that her father and mother separated when she was ten years old.

Personal History—At the age of fourteen she had diphtheria and states that she was very sick at that time, always had considerable trouble during her menstrual periods. Three years ago she fell down stairs, striking her head and receiving several scalp wounds. Following this injury, she suffered at intervals with convulsions resembling epilepsy. This continued for about a year and her nervous condition remaining unchanged, she was taken to a hospital and at the request of the relatives her skull was trephined. This failed to improve her general condition and it was then considered advisable to send her to some institution.

On admission she was found to be in good health, but slightly nervous and easily excited.

Physical Examination—The body well formed and well nourished. Head slightly microcephalic but no other signs of degeneration. On the right side of the head over the motor area several inches of skull had been removed during operation. From a physician, who was present at time of operation, it was learned that no abnormal condition could be detected in the skull or membranes and that the operation was simply exploratory.

Since admission she has had several attacks. The prodromata lasting for several hours, during which time, she is irritable and sits around in a dazed condition. At the onset she falls to the floor, loses consciousness, and during this period has clonic and tonic spasms. The second stage, or stage of contortions and grand movements, lasting but a short period, followed by an emotional stage during which she becomes very passionate. The pupils are markedly dilated and the position of the body indicates many emotional mental phases. The last stage, or stage of delirium, in which the hallucinations of sight predominate lasts for several hours. In a letter written during this stage she complained of being told that she was to be burned or shot and if she swallowed what was in her throat, it would eat herself away. Also stated that she was disgusted with picture posing representing dialogues and other wonderful inventions. Thus completing the picture of a hysterical patient by adding her testimonial.